

ACTION TAKEN ON YOUR FOOD STAMP CASE

PURPOSE: To provide a standard form to notify food stamp households of the action taken on their food stamp application. Food Stamp Regulations require an official notice of expiration be sent to the household. The notice is included on this form. This form is also used to notify the household of the following:

- The application is approved.
- The income maximum and reporting requirement for earned income households.
- The amount of benefits the household will receive.
- The application is approved for expedited benefits with the verification provided.
- The application is approved for expedited benefits with verification postponed.
- The application is approved without specified expenses.
- The authorized representative designated by the household.
- Information for households with special living arrangements.
- The recoupment formula that will be used to reduce benefits to pay for a previous overpayment.
- Notice of Expiration of Food Stamp Benefits.
- Information regarding the Missouri Benefit Security Card.
- The application is being rejected and the reason for the rejection.
- The application is still pending and the information needed to complete the application.
- The date the pending application will be rejected if requested information is not provided.

MANUAL REFERENCE: Section 1130.040.00.

INSTRUCTIONS FOR COMPLETION: Type, complete in ink, or access and complete the electronic version.

FROM:

CASEWORKER: Enter the name of the caseworker.

TELEPHONE NUMBER: Enter the county office telephone number.

DATE: Enter the date this form is completed and mailed.

COUNTY, ADDRESS, CITY, STATE, ZIP: Enter the county office name and address or use a county label.

TO:

NAME: Enter the applicant's name.

ADDRESS: Enter the applicant's complete mailing address.

RE:

CASE NAME: Enter the case name.

CASE NUMBER: Enter the case DCN for the applicant.

SECTION A: Select the appropriate line(s) which informs the household of the action taken on the food stamp case.

- Line 1: Enter month(s) of the certification period.
- Line 2: Check box if the household is subject to the earned income reporting requirements. Enter the appropriate 130% of poverty standard.
- Line 3: Check box for all approvals and complete section B.
- Line 4: Check box for all cases for which initial benefits were expedited with all verification provided and complete section B.
- Line 5: Check box for all cases for which initial benefits are expedited without all required verification and complete section C.
- Line 6: Check box if household's application is approved without required verification of expenses. List expenses for which verification is still needed.
- Line 7: Check box if application is approved with an authorized representative and complete section F.

- Line 8: Check box if household has special living arrangements as described in section G.
- Line 9: Check box if household has a current recoupment, then complete section B and E.
- Line 10: Check box if you are notifying the household of the expiration of benefits and the date they must reapply.
- Line 11: Check box if the household will receive the Notice of Expiration in the mail the month before their certification period ends.
- Line 12: Check box if an EBT card and PIN are being sent to household.
- Line 13: Check box if household currently has a useable EBT card.
- Line 14: Check box if application is being rejected. Enter reason and supporting manual reference.
- Line 15: Check box if the household must provide information before an eligibility decision can be made. In the last sentence, enter the date the application will be rejected if the information is not provided.

SECTION B: Enter the initial benefits and the month(s) covered. This may cover more than one month due to processing time frames and/or delays. For example, the household applies May 16, and is approved June 10. The household's initial benefits cover May and June.

Enter the date benefits will be available. Allow two (2) days for benefits to be available in the household's EBT account after authorization via an IM-106B entry or FSU5 transaction for supplemental payroll entered after the last ATP month. Benefits authorized via a FSU5 transaction for regular payroll or for supplemental payroll entries in the last ATP month are available as shown on the IM-103 (EBT) form. Also enter the ongoing benefit amount and date available.

SECTION C: Enter, in the first sentence, the amount of expedited benefits issued to the household and the month of issuance. In the second sentence, reenter the issuance month, and the verification that is needed. In the last sentence, enter the date by which the household must provide the information listed.

SECTION D: Notifies household they may call collect.

WORKER: Print or type your name.

LOAD NO.: Enter your load number

SIGNATURE: Sign the form.

REVERSE SIDE OF THE IM-112

SECTION E: Complete this section if the household's benefits will be reduced by recoupment. Check the appropriate box for the amount of recoupment.

SECTION F: Enter the name of the household's authorized representative who has full access to food stamp benefits through Electronic Benefits Transfer (EBT).

SECTION G: No entry is required

HOUSEHOLD MEMBER: Enter the name of all household members or disqualified individuals having earned income used in the household's allotment determination.

SOURCE OF EARNED INCOME: Enter the employer's name for each source of earned income listed.

RATE OF PAY: Enter the rate of pay used in projecting each source of earned income listed.

HOURS PER PAY PERIOD: Enter the number of hours per pay period used in projecting each source of earned income listed.

GROSS MONTHLY EARNED INCOME: Enter the gross monthly earned income projected for each individual listed.

INCOME WE HAVE COUNTED: Make the appropriate entries to inform the household of the source and amount of income used to determine food stamp eligibility. Enter the Total Gross Income.

The form has three (3) columns for three (3) months of income and deductions. Enter the month for which the budget was calculated at the top of the column. Use the number of columns necessary for the case. If the income calculation is for one month, complete only the first column.

ALLOWABLE DEDUCTIONS: Make the appropriate entries to show allowable deductions and total deductions. Enter the total net food stamp income (Total Gross Income less Allowable Deductions).

TO REAPPLY FOR FOOD STAMPS YOU MUST: Provides the household with the application procedure information.

WAIVER OF NOTICE OF ADVERSE ACTION: Notifies the household changes may be made to it's case without prior notice in certain situations.

HEARING RIGHTS: Contains the right to a hearing statement. Enter the phone number of the Legal Aid office which serves your country.

IF YOU WANT A FAIR HEARING, FILL OUT THIS FORM, TEAR IT OFF, AND MAIL TO THE COUNTY OFFICE: The household completes this section to request a hearing. The household lists the name of the person requesting the hearing, his/her address and telephone number and explains why a hearing is requested.

FOR OFFICE USE ONLY: In the space provided, enter the household's case number, caseworker's name and the date this form is mailed. These items must be completed prior to mailing the form. When the "tear-off" request for a hearing is received, enter the date the hearing request is received in the space provided.

BENEFIT ADJUSTMENT NOTICE

PURPOSE: To provide an official notification to a Food Stamp household of an action taken as a result of a reported change.

The IM-149 is used whether or not there is any impact on the amount of benefits as a result of a reported change. It serves as adequate notice when a negative action is taken due to information provided in writing. (See Section 1140.005.25)

Use the IM-149 as a follow-up to an IM-80. When an IM-80 has expired and the household has not requested a hearing with continuation of benefits, (see section 1140.005.50), the IM-149 is sent to the household at the time the FSU5 is processed to reduce benefits or close the case.

NUMBER OF COPIES AND DISPOSITION: Make an original and one copy of the document. Mail the original to the household at the time the FSU5 transaction is processed. Follow this procedure, even if there is no change. Mail a new Change Report form (IM-145 or IM-145B) with the IM-149. File the duplicate IM-149 in the case record.

MANUAL REFERENCE: 1140.000.00

INSTRUCTIONS FOR COMPLETION: Type or complete this form in ink.

Front of Form

County Director: Enter the county director's name.

Telephone Number: Enter the telephone number of the county office.

Date: Enter the date the IM-149 is mailed.

Case Number: Enter the case number of the household.

Address: Enter the complete address of the county office.

Name: Below the county office address, enter the name of the head of household and his/her complete mailing address.

Body of the Letter: Enter the date the reported change is received by the county office.

Action Taken: Check the appropriate box for the action taken.

Enter all appropriate information for the selection made. Enter the reason for the action and cite the manual reference if the result is an adjustment or closing. Also, check the box notifying earned income households of their change reporting requirements when the household becomes an earned income household.

Caseworker Signature: The worker responsible for completing the case action must sign the form.

Back of Form:

Household Member: Enter the name of all household members or disqualified individuals having earned income used in the household's allotment determination.

Source of Earned Inc.: Enter the employer's name for each source of earned income listed.

Rate of Pay: Enter the rate of pay used in projecting each source of earned income listed.

Hours Per Pay Period: Enter the number of hours per pay period used in projecting each source of earned income listed.

Gross Monthly Earned Inc.: Enter the gross monthly earned income projected for each individual listed.

The form provides space for three (3) months of income and deductions to be shown. The top of the columns has a place to enter the month for which the budget was calculated. Use the number of columns necessary for the case. If the income calculations are for only one month, complete the first column.

Income We Have Counted: Enter income amounts as reflected on the IM-102.

Allowable Deductions: Enter allowable deductions as reflected on the IM-102.

Waiver of Notice of Adverse Action: Notifies the household that changes may be made without prior notice in certain situations. Also notifies households who go from no earned income to earned income their certification period may be adjusted.

If You Disagree With This Decision: Enter the date that is the tenth day following the date of the IM-149. For example, if the IM-149 is dated October 6, 200_, the tenth day is October 16, 200_. If the tenth day falls on a weekend or holiday, enter the next working day.

If You Want a Fair Hearing: Enter the telephone number of the caseworker.

If You Request a Hearing: Enter the telephone number for free legal service for the county. If not available, enter "not available".

Hearing Request Section:

The household completes this section. The last line is completed by the caseworker

Caseworker: Enter the caseworker's name.

Load No.: Enter the caseworker's load number.

Date Notice Sent: Enter the date the IM-149 is sent.

Date Request Received: Enter the date the request for a hearing is received by the county office.